

# PM160 DENTAL GUIDE

## CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM

### Periodicity Schedule for Dental Referral by Age

Age (Years)	1*	2*	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Interval to Next Referral	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr
Annual Dental Referral	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

Children of any age **must** be referred to a dentist if a problem is detected or suspected. For children covered by Medi-Cal or temporary Medi-Cal, call Denti-Cal at 1-800-322-6384 or the local CHDP program for assistance in finding a dentist. All others may contact the local CHDP program for help.

\***Note:** A dental screening/oral assessment is required as part of every CHDP health assessment regardless of age. It is recommended that children be referred to a dentist annually beginning at one (1) year of age. It is mandatory to refer children directly to a dentist annually beginning at three (3) years of age.

### PM160 EXAMPLE

CHDP ASSESSMENT Indicate outcome for each Screening procedure		NO PROBLEM SUSPECTED ✓A	REFUSED, CONTRA-INDICATED, NOT NEEDED ✓B	PROBLEM SUSPECTED Enter Follow Up Code In Appropriate Column		DATE OF SERVICE Mo. Day Year			FOLLOW UP CODES	
				NEW C	KNOWN D	01	15	97	1. NO DX/RX INDICATED OR NOW UNDER CARE. 2. QUESTIONABLE RESULT RECHECK SCHEDULED. 3. DX MADE AND RX STARTED 4. DX PENDING/RETURN VISIT SCHEDULED 5. REFERRED TO ANOTHER EXAMINER FOR DX/RX 6. REFERRAL REFUSED	
01 HISTORY and PHYSICAL EXAM									REFERRED TO: M. Painless, DDS	TELEPHONE NUMBER (916)566-1233
02 DENTAL ASSESSMENT/REFERRAL				5					REFERRED TO:	TELEPHONE NUMBER
03 NUTRITIONAL ASSESSMENT									<b>COMMENTS/PROBLEMS</b> IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA  <i>02 - Class II - gingivitis and possible cavities</i>	
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION										
05 DEVELOPMENTAL ASSESSMENT										
06 SNELLEN OR EQUIVALENT							06			
07 AUDIOMETRIC							07			
08 HEMOGLOBIN OR HEMATOCRIT							08			
09 URINE DIPSTICK							09			
10 COMPLETE URINALYSIS							10			
12 TB MANTOUX							12			
CODE	OTHER TESTS - PLEASE REFER TO THE CHDP LIST OF TEST CODES					CODE	OTHER TESTS			
									ROUTINE REFERRAL(S) (✓) <input type="checkbox"/> BLOOD LEAD <input type="checkbox"/> DENTAL	
									PATIENT IS A FOSTER CHILD (✓) <input type="checkbox"/>	
									ICD 9 CODES 1                      2                      3	

#### ➔ Routine Referral(s) (✓)

Enter a check mark in this box only when no dental problem is detected or suspected, and you have referred parents to a dentist to obtain any needed dental care. Annual dental referrals are recommended beginning at one (1) year of age and are mandatory beginning at three (3) years of age.

#### ➔ Follow-up codes for use in columns C and D

- NO DX/RX INDICATED OR NOW UNDER CARE:** Enter code 1 if no treatment is indicated or the patient is now under care, e.g. dental problem now under care.
- REFERRED TO ANOTHER EXAMINER FOR DX/RX:** Enter code 5 if a dental problem is suspected and enter name and telephone number of the dentist in the "Referred To" area.
- REFERRAL REFUSED:** Enter code 6 if patient or responsible person refused referral or follow-up by examiner for any reason.

# DENTAL CLASSIFICATIONS

The American Dental Association's "Classification of Treatment Needs" is a useful tool when referring children for dental services. If a problem is detected or suspected, on line 02 - "DENTAL ASSESSMENT/REFERRAL" enter code 5 in "Problem Suspected" columns C or D. In "Comments/Problems" section, describe the condition and classify using Class II, III, or IV. Enter name and phone number of dentist in the "Referred To" box.

## CLASS I: NO VISIBLE DENTAL PROBLEM

No problem visualized. If child has not seen a dentist in the last 12 months - check box "Routine Referral-Dental".

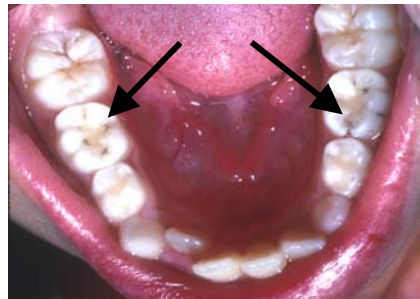
Annual referrals are recommended beginning at one (1) year of age and mandatory beginning at three (3) years of age.



Appears Healthy But Needs Routine Referral

## CLASS II: MILD DENTAL PROBLEMS

Small carious lesions or gingivitis and the patient is asymptomatic. The condition is not urgent, yet requires a dental referral. Write "02-Class II" in the "Comment/Problems" section of PM160.



Small Carious Lesion



Gingivitis

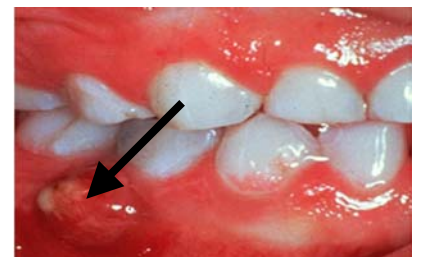
## CLASS III: SEVERE DENTAL PROBLEMS

Large carious lesions, chronic abscess, extensive gingivitis, or a history of pain. The need for dental care is urgent. Refer for treatment as soon as possible. Write "02-Class III" in "Comments/Problems" section of PM160.

If a severe (medically handicapping) malocclusion is detected or suspected, the child should be referred to a dentist. Write "02" in the "Comments/Problems" section of PM160 and indicate "severe malocclusion."



Large Carious Lesions



Chronic Abscess



Early Childhood Caries (ECC)



Extensive Gingivitis

## CLASS IV: EMERGENCY DENTAL TREATMENT REQUIRED

Acute injury, oral infection, or other painful condition. An immediate dental referral is indicated. Write "02-Class IV" in the "Comments/Problems" section of PM160.



Acute Injury



Oral Infection